
Program Memorandum Intermediaries/Carriers

**Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)**

Transmittal AB-00-68

Date: JULY 31, 2000

CHANGE REQUEST N/A

SUBJECT: Current Status of Medicare Program Memoranda Issued Before Calendar Year (CY) 2000

Periodically, HCFA reviews Program Memorandums (PMs) to determine whether they have served their purpose or warrant further retention as program operating guides.

From the most recent review, HCFA compiled the attached list of pre-CY 2000 Medicare issuances still in effect. These issuances contain currently relevant information or instructions not found elsewhere and are to be retained. All other pre-CY 2000 Medicare PMs not on the attached list may be discarded.

Attachment

This Program Memorandum may be discarded December 31, 2000.

HCFA-Pub. 60A/B

PRE-2000 MEDICARE PMs TO BE RETAINED

ISSUANCE

SUBJECT

A-99-19	Removal of Requirement for Providers to Submit Home Health Claims in Sequence
A-99-21	Claims Processing Instructions for Hospice Claims Received Out of Sequence
A-99-29	Provider Education Information for Home Health Agencies - Regional Home Health Intermediaries (RHHIs) Only
A-99-30	Provider Education Information for Home Health Agencies - Regional Home Health Intermediaries (RHHIs) Only
A-99-31	Clarifications to Program Memorandum A-99-6, Dated February 1999, 15 Minute Increment Reporting for Home Health Services
A-99-36	Y2K Procedures: Develop Modified System for Beneficiary Requests for Immediate Peer Review Organization (PRO) Review of Hospital Issued Notices of Noncoverage (HINNs)
A-99-37	Home Health Advance Beneficiary Notices (HHABNs) Must Be Given To Beneficiaries By Home Health Agencies (HHAs) and Demand Bills Must Be Submitted Promptly--ACTION
A-99-38	Home Health Advance Beneficiary Notices (HHABNs) Must Be Given To Beneficiaries By Home Health Agencies (HHAs) and Demand Bills Must Be Submitted Promptly--ACTION
A-99-39	Payment Safeguard Review Instructions for Psychiatric Partial Hospitalization Claims
A-99-40	Deactivation of Inactive Community Mental Health Center (CMHC) Medicare Numbers
A-99-41	Clarification of Modifier Usage in Reporting Outpatient Hospital Services
A-99-42	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 1998 for Prospective Payment System (PPS) Hospitals
A-99-43	File Descriptions and Instructions for Retrieving the 2000 Physician, Clinical Lab, Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) Fee Schedule Payment Amounts through HCFA's Mainframe Telecommunications Systems
A-99-44	Discharges to Swing Bed Units and other Post-Acute Care Providers
A-99-45	Requirements for Billing and Processing Claims For Services Subject to Line Item Date of Service Reporting
A-99-46	Implementation and Corrections to the Federal Register Notice Published August 5, 1999 for Home Health Agency Cost Limitation Effective October 1, 1999.
A-99-47	Extended Repayment Schedules (ERSs) for Home Health Agencies (HHAs) Affected by the Interim Payment System (IPS)

PRE-2000 MEDICARE PMs TO BE RETAINED (CONT.)

<u>ISSUANCE</u>	<u>SUBJECT</u>
A-99-48	Renewal of Program Memorandum (PM) A-97-8--Instructions to Implement the New Medicare Summary Notice (MSN) Combined with Program Memorandum AB-98-31--ACTION
A-99-50	Policy Clarification: Coding for Adequacy of Hemodialysis--ACTION
A-99-51	FY 2000 Prospective Payment System (PPS), Tax, Equity, and Fiscal Responsibility Act (TEFRA) Hospital, and Other Bill Processing Changes
A-99-52	Home Health Agency Instructions for the Provision of Advance Beneficiary Notices and for Mandatory Claims Submission (Demand Bills)
A-99-53	Skilled Nursing Facility (SNF) Election of Immediate Transition to 100% Federal Rate and Special Rules for Certain SNFs
A-99-54	Advance Beneficiary Notices Must Be Given To Beneficiaries and Demand Bills Must Be Submitted Promptly By Home Health Agencies (HHAs)--ACTION
A-99-56	Reopenings for Sole Community Hospital and Medicare Dependent Hospital Cost Reports Due to the Change to the Cost Report Instructions in Calculating the Hospital-Specific Amount on Form HCFA-2552-96 and Form HCFA-2552-92.
A-99-57	Hospital Outpatient Procedures: Billing for Contrast Material (Clarification)--ACTION
A-99-58	Hospital Outpatient Procedures: Medicare Changes for Radiology and Other Diagnostic Coding Due to the 1999 HCPCS Update; Revised Modifiers
A-99-59	New Composite Payment Rates Effective January 1, 2000, and Reopening of the Exception Process Under the End Stage Renal Disease (ESRD) Composite Rate System
A-99-60	Implementation of H. R. 3426, the Medicare, Medicaid, and the State Child Health Insurance Program Balanced Budget Refinement Act of 1999 (BBRA99), P. L. 106-113, Section 303(a) Which Revises the Per-Beneficiary Limitations on Home Health Agency (HA) Costs for Certain HHAs
A-99-61	Special Adjustment for Federal SNF Prospective Payment Rates and special Payment Rules Applicable to Certain SNFs
A-99-62	Reopenings for Sole Community Hospital and Medicare Dependent Hospital Cost Reports Due to the Change to the Cost Report Instructions in Calculating the Hospital-Specific Amount on Form HCFA-2552-96 and Form HCFA-2552-92.
B-99-13	Changes to Correct Coding Edits, Version 5.2
B-99-30	Changes to the 1999 Medicare Physician Fee Schedule Database (MPFSDB)

PRE-2000 MEDICARE PMs TO BE RETAINED (CONT.)

<u>ISSUANCE</u>	<u>SUBJECT</u>
B-99-36	Schedule for Completing the Calendar Year (CY) 2000 Update and Enrollment Process for the Medicare Physician Fee Schedule Database (MPFSDB)
B-99-37	Calendar Year (CY) 2000 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures
B-99-38	Addition of Current Procedural Terminology (CPT) Code 00300 to Use With G8 Monitored Anesthesia Care (MAC) Modifier
B-99-39	Corrections to Calendar Year (CY) 2000 Medicare Physician Fee Schedule Database (MPFSDB) and Year 2000 Fact Sheet
B-99-40	Delay of Change to HCFA-1500 Instructions for Processing Physician Claims in Global Payment Systems (Change Request #457)
B-99-41	Instructions to Implement the New Medicare Summary Notice (MSN)--Program Memorandum (PM) B-98-4 and PM AB-98-31--ACTION
B-99-42	Calculation of National Standard Format (NSF) for Electronic Remittance Advice (ERA) Amount Fields and Balancing of NSF Data; and Clarification to Claim NSF Field EAO 21 for Coordination of Benefits
B-99-43	Issues Related to Critical Care Policy
B-99-44	Emergency Changes to the 2000 Medicare Physician Fee Schedule Database--ACTION
AB-99-50	Further Delay of Change Request 796 (Coverage Issues Manual 35-10 Hyperbaric Oxygen (HBO) Therapy)
AB-99-55	Y2K Procedures: Develop Modified System for Beneficiary Requests for Immediate Peer Review Organization (PRO) of Hospital Issued Notices of Noncoverage (HINNs)
AB-99-63	Implementation of New Payment Limit for Drugs and Biologicals
AB-99-64	Education of Medicare Providers on the Adoption of Standard Electronic Health Care Transaction Formats in the United States
AB-99-66	Provider Education Article: Submitting, Processing, and Paying Y2K Medicare Claims
AB-99-67	Update of Rates and Wage Index for Ambulatory Surgical Centers (ASC) Payments Effective October 1, 1999
AB-99-69	Instructions Implementation Reporting
AB-99-70	Provider Education Article: Submitting, Processing, and Paying Y2K Medicare Claims
AB-99-71	Year 2000 HCFA Common Procedure Coding System (HCPCS) Update

PRE-2000 MEDICARE PMs TO BE RETAINED (CONT.)

<u>ISSUANCE</u>	<u>SUBJECT</u>
AB-99-74	Clarification to MCM §2130 Prosthetic Devices and CIM §60-9 Durable Medical Equipment Reference List--Coverage of Intermittent Catheterization
AB-99-75	Interim Instructions for Processing Claims for Factor VIIa (Coagulation Factor, Recombinant)
AB-99-76	Education of Medicare Providers on the Adoption of Standard Electronic Health Care Transition Formats in the United States
AB-99-77	Implementation of Edits for Prostate Cancer Screening
AB-99-79	Collection of Comprehensive Encounter Data for Long-Term Care Demonstrations (Social Health Maintenance Organization, Ever Care), Dual Eligible Demonstrations and Department of Defense Subvention Demonstration
AB-99-80	Clinical Diagnostic Laboratory Organ or Disease Panel Codes Billing Procedures for January 2000
AB-99-82	Procedures for Reporting of Medicare Contractor <u>NON</u> -Medicare Secondary Payer (MSP) Currently Not Collectible (CNC) Debts
AB-99-83	Final Rule Revising and Updating Medicare Policies Concerning Ambulance Services
AB-99-84	Implementation of Calendar Year (CY) 2000 Clinical Diagnostic Laboratory Fee Schedule and Laboratory and Ambulance Costs Subject to Reasonable Charge Payment Methodology in 2000
AB-99-85	Clinical Diagnostic Laboratory Organ or Disease Panel Codes Claims Processing Procedures for April 2000
AB-99-86	DMERC Operating Instructions for New National Coverage of the Continuous Subcutaneous Insulin Infusion (CSII) Pump. Effective for Services Performed on or After 4/1/2000
AB-99-90	Clarification of Program Memorandum (PM) Transmittal No. AB-98-35 (Consolidated Billing for Skilled Nursing Facilities (SNFs) and Revision to PM Transmittal No. AB-98-18 (Consolidated Billing for SNFs)
AB-99-91	Instructions for Implementing and Tracking the Medicare Fraud and Abuse Incentive Reward Program (IRP)--ACTION
AB-99-92	Temporary Conversion From Bundled Payments to Regular Medicare Payments for the Participating Centers of Excellence (POCE) Demonstration Testing Beginning With Discharges After December 31, 1998
AB-99-93	Extension of the Limitation on Payment for Services to Individual Entitled to Benefits on the Basis of End Stage Renal Disease (ESRD) Who Are Covered by Group Health Plans (GHPs)

PRE-2000 MEDICARE PMs TO BE RETAINED (CONT.)

ISSUANCE

SUBJECT

AB-99-94	Reimbursement for Ambulance Services to Nonhospital-Based Dialysis Facilities
AB-99-95	Access to Eligibility Data by Eligibility Verification Vendors
AB-99-97	HCFA Office of the Inspector General (OIG) Hotline Referrals
AB-99-98	Extension of Medicare Benefits for Immunosuppressive Drugs
AB-99-99	Cervical or Vaginal Smear Tests (Pap Smear) Included in Calendar Year (CY) 2000 Clinical Diagnostic Laboratory Fee Schedule
AB-99-101	Section 221 of the Balanced Budget Refinement Act (BBRA) of 1999 "Revision of Provisions Relating to Therapy Services"
IC95-01	Medigap Bulletin Series (Number Four)
IC94-03	Medigap Bulletin Series (Number Three)
IC94-02	Medigap Bulletin Series (Number Two)
IC94-01	Medigap Bulletin Series (Number One)
PM A/B90-12	Section 206(c), Effective January 2, 1991, Requires Changes in Adverse Notices to Claimants